teum and is then loosened, with its sheath, from the rectus muscle. A flap of muscle is thus obtained which is turned up over the external ring and fixed by sutures. The author has made trial of the operation only upon the cadaver.—*Cenbl. f. Chirg.*, 1890, No. 45.

GEO. R. FOWLER (Brooklyn).

VII. On the Significance of the Howship-Romberg Association of Symptoms in Incarcerated Obturator Hernia. By Prof. KRONLEIN (Zurich). In the 140 years since the discovery and first description of hernia obturatoria by Arnaud de Rousil, there has been a steady increase in the number of recognized and successfully operated cases of such incarceration. Still Krönlein finds that the diagnostic points are often fancifully stated. From 1870 to 1884 he did not meet a case, but in the next five years he saw 4. Of these only 2 were operated, as the other 2 were already moribund. As an indication of the relative frequency of this form, he stated that during the same five years he did a total of 138 operations for hernia.

The two operated cases have been previously described by Munzinger and Brunner. They each resulted fatally, one in a few hours from collapse, the other from perforation.

The symptoms are those of ileus, together with pain in the thigh, radiating from Poupart's ligament to the knee, excessive painfulness from pressure over the corresponding regio pectinea, and still more behind the adductors in the direction of the oval foramen, in one case some swelling of the leg and slight prominence of the regio pectinea, pain on motion in the hip.

But he gives full details of a fifth observation, in which all these symptoms (on the left side) were present in a boy of 12 years, and yet the cause was an intra-peritoneal pelvic exudation instead of an obturator hernia. In reality, however, no case of such hernia has ever been observed in childhood, this form being particularly the hernia of old age. The double operation was performed three days after the acute onset of the trouble. On opening below Poupart's ligament to the obturator canal the only change found was a distension of the obturator vein. Then on performing laparotomy (opening along the ex-

ternal border of the left rectus muscle) a slightly encapsulated collection of pus was found low down. No trouble on the right side, and in fact no cause discovered. Rapid recovery.—*Bruns' Beitrage zur. klin. Chirg.*, 1890, Bd. vi., heft i.

WM. BROWNING (Brooklyn).

VIII. Prolapse of the Rectum. By Dr. VERNEUIL (Paris) The author proposes to overcome this condition by a new procedure which has for its object the elevation and attachment of the rectum to the region of the coccyx, rather than a narrowing of the lower portion of the bowel. The operation is performed as follows: After reposition of the prolapsed portion, with the patient in the lithotomy position, two incisions, from 4 to 5 cm. in length, are made, at right angles to the long axis of the anus, from the opening of the latter in an outward direction. From the point where these incisions terminate, two other incisions pass to meet each other at the point of the coccyx, thus including an equilateral triangle with its base placed anteriorly. This triangular flap is loosened from behind forward, and left temporarily attached to the tissues surrounding the anus, comprehending in its thickness the skin, the subcutaneous cellular tissue, together with the fibers of the external sphincter. With this flap strongly retracted by means of blunt retractors, the posterior wall of the rectum is loosened for a breadth of from 5 to 6 cm., and to a height corresponding to the distance from the anus to the tip of the coccyx. Four threads are now passed transversely through the posterior rectal wall, parallel with each other, and not including the rectal mucous membrane. The upper one of these sutures is placed at a point in close relation to the point of the coccyx, while the lower one is removed about 15 mm. from the anus. By means of a needle with an eye at the point, which is passed through the skin from without, the threads are drawn through the points of emergence of their respective ends, being selected at about 4 cm. from the median lines at either side. The upper suture should be on a level with the articulation between the first bone of the coccyx and the sacrum, and the lower at about the point of the coccyx; the intervening sutures are placed